MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12025

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 South Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
STREET ADDRESS (If rural give location) 206 East Central Avenue

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Lewis (Last) Carroll

4. DATE OF DEATH: (Month) December (Day) 12 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 6, 1868

9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Federalsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Curtis Davis

14. MOTHER'S MAIDEN NAME: Rebecca Ann Price

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: J.Russell Carroll, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis (general) — Interval Between Onset And Death: 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

450.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1953, to Dec 12, 1953 that I last saw the deceased alive on Dec 12, 1953, and that death occurred at 10:45 am, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Bridgeville, Del. DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec. 15, 1953 NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR December 15, 1953 REGISTRAR'S SIGNATURE Margaret H. Frampton

24. FUNERAL DIRECTOR J.J.Framptom and Son ADDRESS Federalsburg, Maryland

RECEIVED
DEC 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12026

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Goldsboro	LENGTH OF STAY (in this place) 74 Yrs.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Goldsboro	
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) Clark

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 53 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	7/4/1879	74 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farm Laboror	None	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John D. Clark	Tillie Roe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		None	Ida M. Clark Goldsboro, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral & General Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis Chr. Myocarditis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15, 1953, to Dec. 28, 1953, that I last saw the deceased alive on Dec. 28, 1953, and that death occurred at 8 P.M. from the causes and on the date stated above.

SIGNATURE Charles H. Stoneson (Degree or title) MD ADDRESS Greensboro Md DATE SIGNED Dec. 29, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/31/53	Greensboro	Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/31/53	A Clark Smith	R. B. Rawlings	Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5 1954
BUREAU V. S.

Film #G160 Item # 1 12/16/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 12027

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Denton
LENGTH OF STAY (in this place) 20 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Melton (Last) Colvin
4. DATE OF DEATH (Month) Dec (Day) 5 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 25 1890	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: General Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wootten J. Colvin
14. MOTHER'S MAIDEN NAME: Margaret Burk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Wilson Colvin. Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Coronary Occlusion	immediate
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Coronary Sclerosis	3 yrs
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Wilson L. George Deputy Examiner M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/8/53	Denton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/8/53	M T O Jones	J. S. Mount Sons	Denton Md

VS. A15A - 5 - 53

RECEIVED
DEC 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12028

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillsboro
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillsboro
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mable (Middle) — (Last) Comages

4. DATE OF DEATH: (Month) Dec. (Day) 6th (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: April 17th 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 7 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William C. Jones
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: William C. Comages

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) Diabetes Mellitus
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Central & General Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1951, to Dec. 6, 1953, that I last saw the deceased alive on Dec. 5, 1953, and that death occurred at 7 A., from the causes and on the date stated above.

SIGNATURE Charles H. Stroeufer (Degree or title) M.D. ADDRESS Greensboro Md DATE SIGNED Dec 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 8th 53
NAME OF CEMETERY OR CREMATORY Greenmount Cem.
LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/8/53
REGISTRAR'S SIGNATURE Wm D O George
24. FUNERAL DIRECTOR J. Virgil Moore & Son, Denton ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 11 1953
BUREAU V. S.

12029
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Phares (Middle) Gibble (Last) Crouse
4. DATE OF DEATH (Month) Dec. (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 28 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel K. Crouse
14. MOTHER'S MAIDEN NAME: Emma Gibble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Daniel Crouse - Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
430.1 Immediate cause	(a)	Coronary Acclusion	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary Sclerosis	14 yr
260X	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Dawson O. George Deputy Medical Examiner
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 12/10/53
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) (State) Denton Caroline Md

DATE REC'D BY LOCAL REG. 12/8/53
REGISTRAR'S SIGNATURE Mrs D O George
24. FUNERAL DIRECTOR J. V. Moore & Son Denton Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
DEC 11 1953
BUREAU V. S.

Item 11, FilmG160 12/28/53mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12031

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeley.
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeley
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Virginia (Last) Deaw

4. DATE OF DEATH: (Month) Dec. (Day) 16th (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Apr. 10th 1874 | 9. AGE Last Birthday: 79 yrs. | IF UNDER 1 YEAR: Months 7 Days 10 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): New York State
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary insufficiency - arteriosclerosis	4 years.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Cerebral thrombosis	3 days
DUE TO	(c) Arteriosclerosis - Hypertensive vascular disease	13 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture - surgical neck left femur — 52 days.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1953, to Dec. 16, 1953, that I last saw the deceased alive on Dec 16, 1953, and that death occurred at 4:30 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Paul Kuntz M.D. | ADDRESS Denton Md | DATE SIGNED 12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec. 19th 53 | NAME OF CEMETERY OR CREMATORY Denton Cem. | LOCATION (City, town, or county) (State) Denton Md

DATE REC'D BY LOCAL REGISTRAR Dec. 18, 1953 | REGISTRAR'S SIGNATURE Mary E. Laird

24. FUNERAL DIRECTOR J. Virgil Moore & Son | ADDRESS Denton

VS. A16.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

2021

Reg. Dist. No. 66

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) Lee (Last) Everland
4. DATE OF DEATH (Month) Dec. (Day) [illegible] (Year) 195[illegible]
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept. 27-39
9. AGE last birthday 14 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student at School
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Everland
14. MOTHER'S MAIDEN NAME Katherine Woodford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS John Everland (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

919.0

Immediate cause (a) Shock Internal Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun Shot wound

(c)

INTERVAL BETWEEN ONSET AND DEATH immediate

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Ridgely (COUNTY) Caroline (STATE) Md.
TIME OF INJURY (Month) Dec. (Day) 6 (Year) 1953 (Hour) 3 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Gun Shot wound - accident

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .*

SIGNATURE Hanson & George (Degree or title) Dobily ADDRESS Medical Examiner Denton Md DATE SIGNED 12/8/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 9. 53
NAME OF CEMETERY OR CREMATORY Tuscumbia Cem
LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REG. Dec. 9, 1953
REGISTRAR'S SIGNATURE Mary E. Laird
24. FUNERAL DIRECTOR Virgie Moore & Son
ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

DEC 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12032

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; LENGTH OF STAY (in this place) 9 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Morris Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg Md; STREET ADDRESS (If rural, give location) Morris Avenue

3. NAME OF DECEASED (Type or Print): (First) James (Middle) M. (Last) Holder

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 8, 1870

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Nebster Holder, Federalsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: 5 yrs.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Anemia — Interval between onset and death: 3 days

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1953, to Dec 30, 1953, that I last saw the deceased alive on Dec 30, 1953, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank M. Anderson — ADDRESS: Federalsburg Md — DATE SIGNED: 1/2/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 2, 1954 — NAME OF CEMETERY OR CREMATORY: Eldorado Cemetery — LOCATION (City, town, or county) (State): Eldorado, Md.

DATE REC'D BY LOCAL REG.: January 2, 1954 — REGISTRAR'S SIGNATURE: Everett Nuttle, Deputy Registrar

24. FUNERAL DIRECTOR: J. Harvey Williamson — ADDRESS: Federalsburg Md.

RECEIVED
JAN 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2132)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton; LENGTH OF STAY (in this place) 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — North Carolina; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) CARRIE (Middle) BELLE (Last) HORNEY

4. DATE OF DEATH: (Month) DEC (Day) 15 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: May 15, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Stevens

14. MOTHER'S MAIDEN NAME: Lou Sparks

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Martin Batts, Denton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — 10 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia — 13 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1940, to Dec 15, 1953, that I last saw the deceased alive on Dec 14, 1953, and that death occurred at 10:40 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Kurtz M.D. — ADDRESS Denton Md — DATE SIGNED 12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 18, 1953 — NAME OF CEMETERY OR CREMATORY Denton — LOCATION (City, town, or county) (State) Denton, Md

DATE REC'D BY LOCAL REGISTRAR 12/18/53 — REGISTRAR'S SIGNATURE Wm D George

24. FUNERAL DIRECTOR J. Virgil Kenney for Denton — ADDRESS

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

12534

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Caroline; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg; MARYLAND; LENGTH OF STAY 35 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Houston Branch Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg; STREET ADDRESS (If rural, give location) Houston Branch Road

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (Last) Kollmorgen

4. DATE OF DEATH: (Month) December (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 3, 1869

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Plastics Plant

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY: Germany

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Carl L. Kollmorgen, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Myocarditis Acute — Interval between onset and death: ?

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis Senile — Interval between onset and death: Several yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis C. George Dr. Duly Medical Examiner - Hunter Md 12/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 6, 1953 | NAME OF CEMETERY OR CREMATORY: Bridgeville Cemetery | LOCATION (City, town, or county) (State): Bridgeville, Delaware

DATE REC'D BY LOCAL REG.: December 5, 1953 | REGISTRAR'S SIGNATURE: Margaret H. Frampton

24. FUNERAL DIRECTOR ADDRESS: J.J. Frampton and Son, Federalsburg, Maryland

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12035

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
LENGTH OF STAY (in this place): 40 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
STREET ADDRESS (If rural give location): 224 Third Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Laramore

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 53 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write) Widowed

8. DATE OF BIRTH: 6/24/1866

9. AGE last birthday: 87 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Laramore

14. MOTHER'S MAIDEN NAME: Prudence Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Pearl McAllister Denton, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) ... Pneumonia (Arteriosclerotic)

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... Arterio Sclerotic Cardiovascular Disease

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1953, to Dec. 26, 1953, that I last saw the deceased alive on Dec. 26, 1953, and that death occurred at 9:20 P., from the causes and on the date stated above.

SIGNATURE (Degree or title): Emma H Pfrear M.D.

ADDRESS: Greensboro Md.

DATE SIGNED: Dec 28 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/29/53

NAME OF CEMETERY OR CREMATORY: Denton

LOCATION (City, town, or county) (State): Denton, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12/29/53

REGISTRAR'S SIGNATURE: Wm S Wm George

24. FUNERAL DIRECTOR: J.E. Boulais

ADDRESS: Greensboro Md.

VS-A15

RECEIVED
DEC
BUREAU V. S.

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

12035

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; LENGTH OF STAY (in this place) 27 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Denton Road; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; STREET ADDRESS (If rural, give location) Denton Road

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Alberta (Last) Moore

4. DATE OF DEATH: (Month) December (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 22, 1875

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Moore

14. MOTHER'S MAIDEN NAME: Rose A. Cheeseman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Ruth Collins, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0

Immediate cause (a) 3rd degree burns of entire body — Interval between onset and death: 30 minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Federalsburg (COUNTY): Caroline (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-17-53 2:30 p. m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Clothes caught on fire at wood stove.

22. I hereby certify that I attended the deceased from 12-17-53, 19....., to 12-17-53, 19....., that I last saw the deceased alive on 12-17-53, 19....., and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. M. Anderson M.D. ADDRESS Federalsburg, Md. DATE SIGNED Dec. 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec. 19, 1953 | NAME OF CEMETERY OR CREMATORY: East New Market Cemetery | LOCATION (City, town, or county) (State): East New Market, Md.

DATE REC'D BY LOCAL REG.: December 19, 1953 | REGISTRAR'S SIGNATURE: Margaret H. Hampton

24. FUNERAL DIRECTOR: J. J. Framptom and Son | ADDRESS: Federalsburg, Maryland

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12937

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Denton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
STREET ADDRESS (If rural give location) Denton Road

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Loinal (Last) Moore
4. DATE OF DEATH: (Month) December (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 3, 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Riveter
10b. KIND OF BUSINESS OR INDUSTRY: Penna. Railroad
11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Moore
14. MOTHER'S MAIDEN NAME: Rose A. Cheeseman

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 716-01-6019
17. INFORMANT & ADDRESS: Thomas L. Moore, Jr., Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial insufficiency — Interval Between Onset And Death: 4-5 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Toxemia. — 4-5 days

DUE TO

(c) Recurrence of Pancreatic Abscess with Peritonites — ? months.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Patient treated for pancreatites with abscess formation o/a 12/27/52

19a. DATE OF OPERATION: (1) 12/27/52
19b. MAJOR FINDINGS OF OPERATION: Splenectomy; Pancreatico-duodenectomy
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8, 1950, to 12/8, 1953, that I last saw the deceased alive on 12/7, 1953, and that death occurred at 5:45 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD ADDRESS Bridgeville Del DATE SIGNED 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 10, 1953
NAME OF CEMETERY OR CREMATORY East New Market Cemetery
LOCATION (City, town, or county) (State) East New Market, Md.

DATE REC'D BY LOCAL REGISTRAR December 9, 1953
REGISTRAR'S SIGNATURE Margaret H. Framptom
24. FUNERAL DIRECTOR J.J.Framptom & Son, ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 11 1933
BUREAU V. S.

Film#G160 Item# 1 12/16/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12038 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carolina
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Willoughby (Middle) (Last) Nowell

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 6 1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 3 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Carpenter & Builder
10b. KIND OF BUSINESS OR INDUSTRY: Builder
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Nowell
14. MOTHER'S MAIDEN NAME: Mary Booth

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Samuel Nowell Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis DUE TO
(c)

Interval Between Onset And Death: 9 days ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30, 1953, to 12/7, 1953 that I last saw the deceased alive on 12/7, 1953 and that death occurred at 9:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Lawson J George M.D. ADDRESS Denton Md DATE SIGNED 12/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 12/11/53 NAME OF CEMETERY OR CREMATORY Denton LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/8/53 REGISTRAR'S SIGNATURE Wm D O George
24. FUNERAL DIRECTOR J O Moore & Son ADDRESS Denton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 11
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12039

CERTIFICATE OF DEATH

Reg. Dist. No. 60

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Templeville
LENGTH OF STAY (in this place) 9 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Templeville
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Iona (Middle) E. (Last) Prescott

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 53 19

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3/9/1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maine 17

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Heath

14. MOTHER'S MAIDEN NAME: Elldusty Dunham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Charles L. Prescott Marydel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Stroke — 1½ hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Heart Disease — 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 54 to Dec. 22, 19 53, that I last saw the deceased alive on Dec 22, 19 53, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE H. H. Hamilton (Degree or title) M.D. ADDRESS Millington md DATE SIGNED 12/23/53

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial — DATE THEREOF 12/26/53 — NAME OF CEMETERY OR CREMATORY Riverside — LOCATION (City, town, or county) (State) Farmington, Maine

DATE REC'D BY LOCAL REGISTRAR 12/24/53 — REGISTRAR'S SIGNATURE A Clark Smith — 24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2040

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural
STREET ADDRESS (If rural give location) Easton Road

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) Carrie (Last) Simpson

4. DATE OF DEATH: (Month) December (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 1, 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Queen Anne Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Woodlin

14. MOTHER'S MAIDEN NAME: Sarah Henson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Viola Friend, Preston, Maryland, R.F.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 29, 1953, to Dec 2, 1953, that I last saw the deceased alive on Nov 29, 1953, and that death occurred at [illegible] p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Haynard T. Neff M.D. ADDRESS Easton, Md. DATE SIGNED 12/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]

DATE THEREOF Dec. 7, 1953

NAME OF CEMETERY OR CREMATORY St. Pleasant Cemetery

LOCATION (City, town, or county) (State) [illegible], Maryland

DATE REC'D BY LOCAL REGISTRAR 12/7/53

REGISTRAR'S SIGNATURE Cornelia D. Plummer

24. FUNERAL DIRECTOR J. J. [illegible] and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12941

Reg. Dist. No. 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Rural Greensboro
LENGTH OF STAY (in this place): 21 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Greensboro
STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Taylor (Last) Smith

4. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 53 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/28/1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Millwright

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Smith

14. MOTHER'S MAIDEN NAME: Sevella Vaughn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mary L. Smith Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 10 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Prostatic Carcinoma c Metastasis — 5 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1st, 1953, to Dec. 3, 1953, that I last saw the deceased alive on Dec. 2, 1953, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert A. Howard Hospital MD
ADDRESS: Greensboro Maryland
DATE SIGNED: Dec. 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/6/53
NAME OF CEMETERY OR CREMATORY: Greensboro
LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 5-1953
REGISTRAR'S SIGNATURE: L. McLeppin
24. FUNERAL DIRECTOR: R.B. Rawlings
ADDRESS: Greensboro, Md.

VS. A/5

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DEC 9 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12042

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (In this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro.
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Kathryn P. (Middle) Steele (Last)

4. DATE OF DEATH (Month) Dec (Day) 22 (Year) 1953

5. SEX F

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single.

8. DATE OF BIRTH Nov. 17-1953

9. AGE last birthday yrs. If under 1 year Months 1 Days 5 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY? US A.

13. FATHER'S NAME James E. Steele

14. MOTHER'S MAIDEN NAME Roselei A Jackson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. no.

17. INFORMANT AND ADDRESS James. E. Steele Denton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

926X

Immediate cause (a) Mal Nutrition — 1 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Poorly cared for

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis acute — 24 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hanson T. George Deputy Medical Examiner Denton Md. 12/23/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec. 24 53

NAME OF CEMETERY OR CREMATORY Greensboro 7

LOCATION (City, town, or county) Greensboro, Md (State) 12/23/53

DATE REC'D BY LOCAL REG. 12/23/53

REGISTRAR'S SIGNATURE [illegible] George

24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS

20X3204395

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

12043

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
LENGTH OF STAY (In this place): 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 316 North Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
STREET ADDRESS (If rural, give location): 316 North Main Street

3. NAME OF DECEASED (Type or Print): (First) Dollie (Middle) Toulson (Last) Williams

4. DATE OF DEATH: (Month) December (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 24, 1881

9. AGE last birthday: 72 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Queen Anne's Co., Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Toulson

14. MOTHER'S MAIDEN NAME: Anna E. Voshell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Elmer K. Fearins, Federalsburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, myocarditis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 10 years

(260X) 4437

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Federalsburg — (COUNTY): Caroline — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11-53, 19..., to 12-14, 1953, that I last saw the deceased alive on 12-14-53, 19..., and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE: T. M. Anderson (Degree or title) M.D. — ADDRESS: Federalsburg, Maryland — DATE SIGNED: Dec. 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec. 17, 1953 — NAME OF CEMETERY OR CREMATORY: Bloomery Cemetery — LOCATION (City, town, or county) (State): Federalsburg, Md., R.F.D.

DATE REC'D BY LOCAL REG.: December 17, 1953 — REGISTRAR'S SIGNATURE: Margaret H. Frampton

24. FUNERAL DIRECTOR — ADDRESS: J.J. Framptom and Son, Federalsburg, Maryland

RECEIVED
DEC 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12044

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Concord Rd. LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Concord Rd.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) (Last) Wright
4. DATE OF DEATH: (Month) (Day) (Year) Dec. 21st 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 28th 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 9 Days 24 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Cannon C Wright
14. MOTHER'S MAIDEN NAME: Margret Robinson
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Howard Wright (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 15 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 3 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1953, to Dec 21, 1953 that I last saw the deceased alive on Dec 24, 1953 and that death occurred at 6 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Hanson O George MD
ADDRESS Denton Md.
DATE SIGNED 12/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 24th 53.
NAME OF CEMETERY OR CREMATORY Concord Cem.
LOCATION (City, town, or county) Near Denton (State) Md.
DATE REC'D BY LOCAL REGISTRAR 12/22/53
REGISTRAR'S SIGNATURE Wm D O George
24. FUNERAL DIRECTOR J. Virgil Moore & Son, ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 28 19
BUREAU V. S.